ImPACTS

IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION

SIGN IN SHEET

ImPACTS Session Time: _____ Site name: _____

Name	Email	Role (MD, RN, APP, RT, other-please specify)	Number of Years you have been in your current role	Number of deliveries attended in the last 6 months?	NRP completed in the last 2 years (Y/N)